

THE ADOLESCENT AS A WORK IN PROGRESS:  
BRAIN DEVELOPMENT, IMPACT OF EARLY  
TRAUMA AND IMPLICATIONS FOR TREATMENT

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# THEIR BRAIN: 0-3

Attachment is a **brain function** determined by the **neurological** makeup and the **experiences** a child has in the first few years of life.

# PRENATAL TRAUMA

- Violence begins in the brain and the brain begins in the womb.
- The roots of violence are often fully developed by age three.
- The effects of prenatal exposure to drugs and alcohol are devastating.

# RELATIONSHIPS

- Attachment trauma is the brokenness of a relationship.
- Healing happens in the context of a relationship.
- Positive connections offer the child's brain an opportunity to develop new capacities.
- They can't do it without help.

# WHAT WORKS

*Attachment repair is relationship-based.*

- Therapy needs to include the parent (foster, birth or kinship) and the child.
- Lots of individual therapy is typically not useful.
- Group work for teens is good; Didactical Behavioral Therapy...

# CHILD DEVELOPMENT: THE RULES

0-18 Months

- Trust vs. Mistrust

18 Months-3 Yrs

- Autonomy vs. Shame

3-6 Yrs

- Initiative vs. Guilt

6-12 Yrs

- Industry vs. Inferiority

12-18 Yrs

- Identity vs. Diffusion

# WHEN ALL THE RULES ARE BROKEN

- The child does not know how to cope with nurture, kindness, intimacy or structure.
- The child can't make sense of what safety means.

*Who am I and who do I want to be?*

**IDENTITY**  
**VS.**  
**ROLE CONFUSION**  
12-18 YEARS

**THE TASK:**

The child incorporates skills, talents, values, and relationships to create a sense of self. The child mimics or rejects adult role models.



# MIDDLE SCHOOL TO EARLY HIGH SCHOOL

## **Independence**

- Struggle with identity and self-esteem
- Peer relationships are very influential

## **Sexuality**

- Concerns regarding physical attractiveness
- Frequently changing relationships
- Worries about “normal”

## **Values and Self-Direction**

- Limited thoughts of the future
- Challenges who is in charge/sets limits
- Development of ideals; selection of role models
- Experimentation with sex and drugs (cigarettes, alcohol, and marijuana)

# LATE HIGH SCHOOL AND BEYOND

## **Independence**

- [?] Better sense of identity
- Increased ability for delayed gratification
- More emotional stability
- Increased self-reliance

## **[?] Sexuality**

- Feelings of love and passion
- Increased capacity for tender and sensual love

## **Values and Self-Direction**

- Increased concern for the future
- [?] Can think ideas through
- [?] Interest in moral reasoning
- [?] Capacity to use insight
- [?] Increased emphasis on dignity and self-esteem
- Work habits become more defined

# IDENTITY vs. ROLE CONFUSION

- I hate you; I want to be nothing like you.
- You don't know anything about me.
- We don't understand each other.
- I am going to be so cool.
- My friends are very cool, unlike YOU.
- I admire you; I want to be like you.
- I want to find a partner, someone like you.

# WHAT IS ROLE CONFUSION?

- I don't fit in anywhere; I am a loner.
- I go “over the top” and break rules to be liked.
- I can't decide if I am stupid or ugly.
- I am a follower.
- I can be the class clown or the juvenile delinquent.
- I feel lonely and isolated but try hard to hide it.

# WHO YOU SEE IN COURT

- The defiant, naughty, entitled child
- The neglected child
- The trauma survivor
- The foster child
- The 'unadopted' child
- The FASD child
- The dual diagnosis child

# IMPACT OF TRAUMA

- They are socially and emotionally delayed.
- They act before they think.
- They use drugs and alcohol to have fun.
- They are accustomed to feeling out of control.
- They seek chaos; it is familiar.
- They fear success and connection with equal intensity to failure and rejection.

# TRAUMA WOUNDS

- Up to 34% of children in the U.S. have experienced at least 1 traumatic event.
- 75-93% of youth in the juvenile justice system are estimated to have experienced some degree of trauma.

# EFFECTS OF CHILDHOOD TRAUMA

- Lifelong psychiatric conditions
  - Personality and Conduct Disorders; ADHD; PTSD; Depression; Anxiety; Substance Abuse
- Developmental delays
  - Decreased cognitive abilities; learning disabilities; lower IQ levels
- Hindered Success
  - 3x higher dropout and expulsion rates

Justice Policy



# INCARCERATION CAN BE TRAUMATIC

- Facilities can exacerbate negative feelings created by previous trauma:
  - Seclusion
  - Staff insensitivity
  - Loss of privacy
  - Verbal and physical aggression
- Trauma-exposed youth sent to disciplinary settings (prisons; group homes) show higher offense rates as adults.

# FLIGHT/FIGHT/FREEZE

- Until they resolve their fear-based behaviors with some understanding of alternatives, getting sober or stable will be very hard.
- Trauma work is done over time, in the context of an intimate relationship.
- It is not cognitive/behavioral or group work.

# IMPAIRED DEVELOPMENT

- When the child can't take the next step towards growth and maturity.
- The brain adapts to an unpredictable and dangerous world.
- The child will continue to use their adaptive strategies (symptoms) to compensate.
- Removing coping strategies creates anxiety.

# THEY ARE STUCK

- Which task did they not complete?
- At what age did they developmentally ‘fall off the wagon’?
- What service would be most useful to address that developmental task?
- Match the child’s age of impairment with the service that will attend to it.

# THEY CAN'T LISTEN WHEN THEY'RE AFRAID

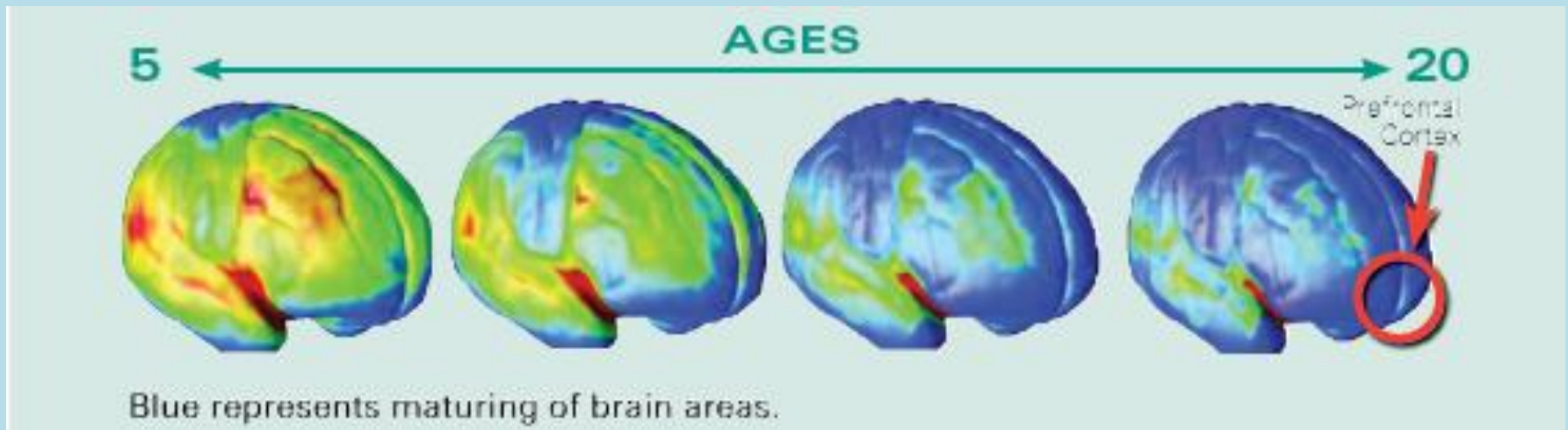
- They won't remember.
- They will zone out.
- They will act like they understand, even though they don't.
- They will be distracted.
- They will not discern the meaning of what is being said.

# JUST GROW UP

- They won't heal while they are using.
- They won't stop using until they have some relief from their pain.
- They won't mature while they are using.
- Until we help them grow up, they won't relinquish using.

# PREFRONTAL CORTEX

- “CEO” of the brain.
- Major aspect of teenage development; not completed until the early 20s



# A HEALTHY CEO

- Good planning
- Ability to consider consequences of actions
- Self-reflection and introspection
- Impulse control
- Ability to stop, look, listen



# WHAT THEIR BRAIN TELLS THEM

*Based on their brain development, teens are...*

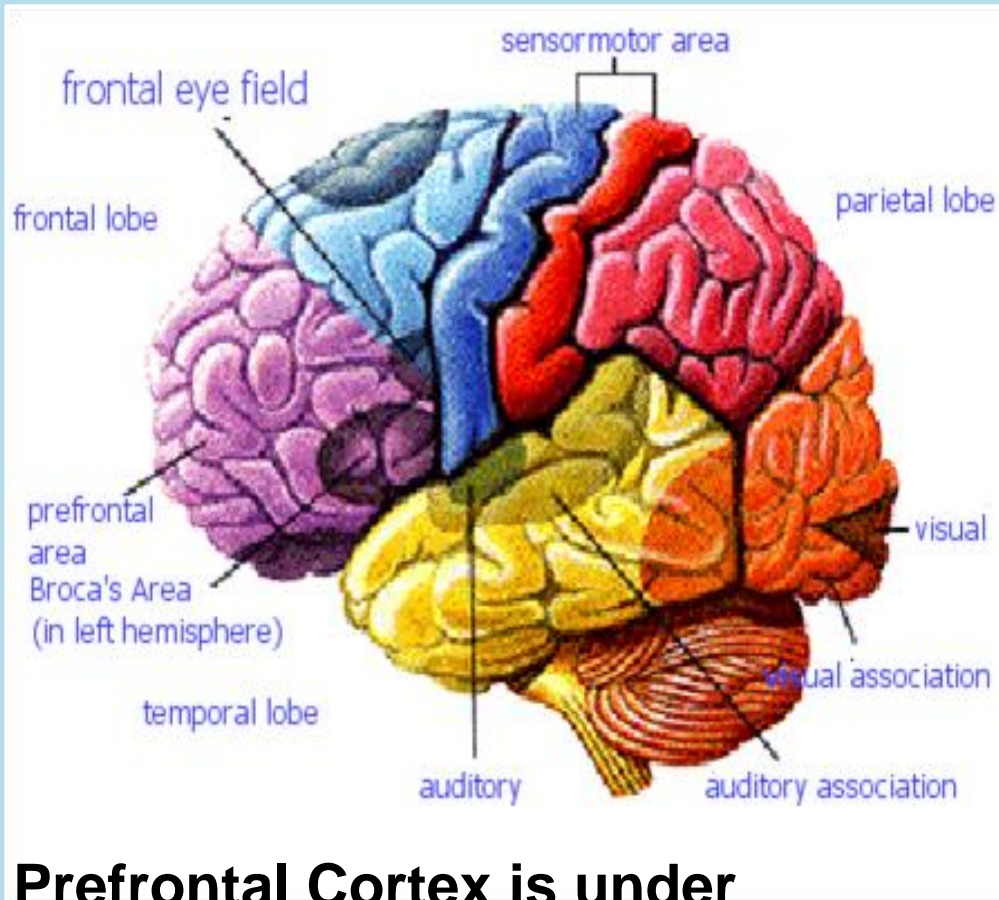
## **More likely to:**

- Act on impulse
- Misread social cues/emotions
- Get involved in fights
- Engage in risky behavior

## **And less likely to:**

- Think before they act
- Consider consequences
- Modify inappropriate or dangerous behaviors

# Adolescent Brains- Acting the Way They Do

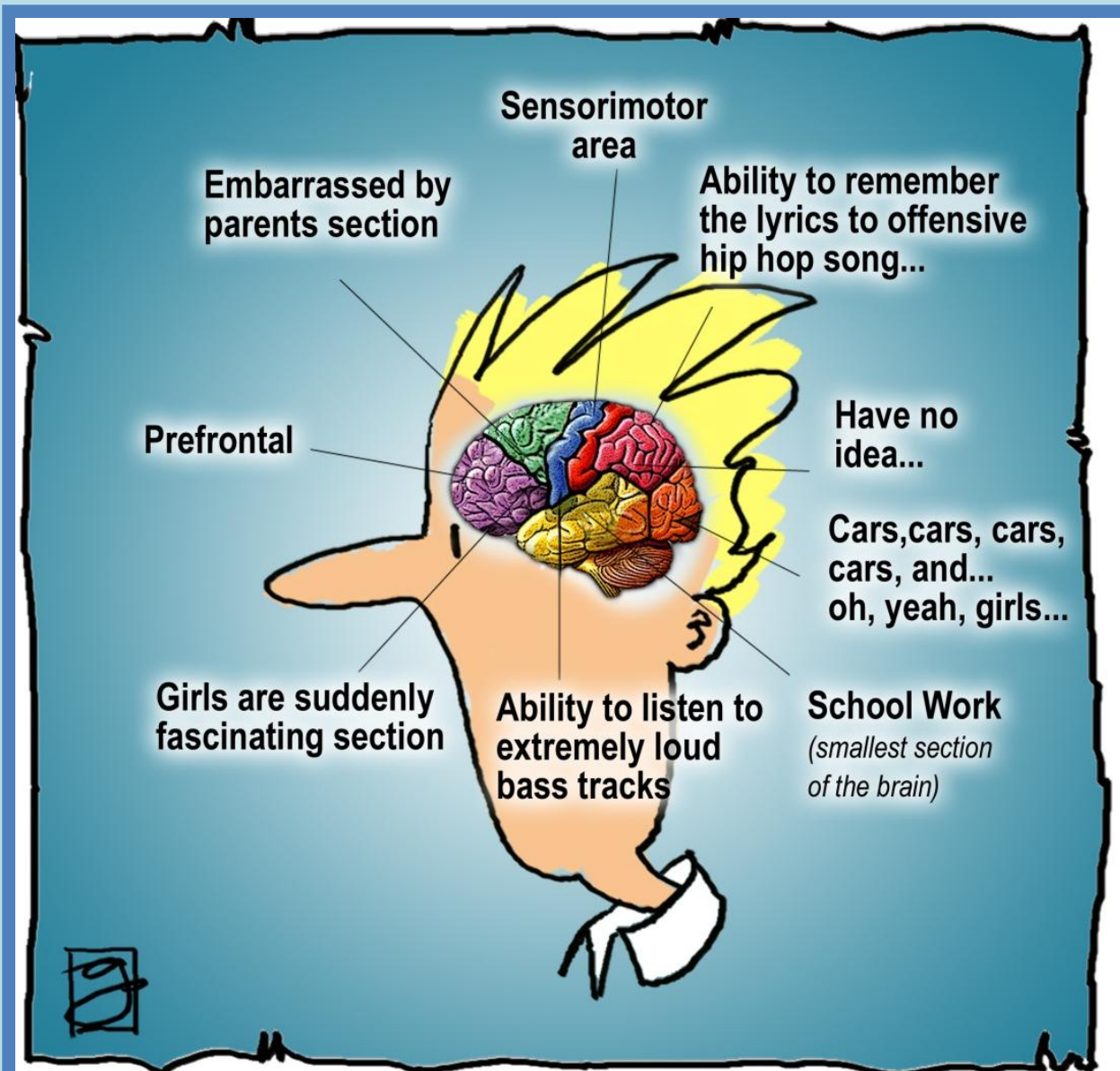


**Prefrontal Cortex is under construction until age 20**

Loss of reflection, planning, organization; increase of risk-taking, conflict seeking, distractibility

Amygdala flooded by hormonal activity

Use amygdala to process non-verbal cues



# Anatomy of a Teenager's Brain

# CHEMICAL USE/ADDICTION

- This is the age children experiment.
- Children with developmental insults are much more susceptible.
- Addiction often looks like mental health problems.
- Screening and services are critical.
- Follow-up and aftercare with sober supports can be helpful, if they can be found.

# ADOLESCENT MENTAL HEALTH

40% to 85% of youth in care are affected by a mental health disorder in their lifetime.

(Skinner Mendelow)

23% of youth in care have 3 or more diagnoses in their lifetime, compared to 15% of the general population.

(Casey Family Programs, 2007)

Screening children upon entry into care doubles detection rate of potential problems.

(S. Jee; Univ. of Rochester Med. Center)

# ADOLESCENT DRUG USE

9 million American young adults ages 12-25 need help with drug/alcohol problems.

(2009 National Study on Drugs and Health)

90 % of all adults with drug/alcohol problems started using before the age of 18, and half before age 15.

(Dennis 2007)

90% of adolescents who need help with drug/alcohol problems are not getting the help they need.

(2008 National Study on Drugs and Health)

# VULNERABLE ADOLESCENTS

Teens with increased vulnerability to drug or alcohol problems include those with:

- Histories of abuse, neglect, and/or significant family problems;
- Chemical use at an early age;
- Family history of drug or alcohol problems;
- Existing mental health problems or a psychiatric disorder during childhood (such as ODD, ADHD, or a learning disability).
- Friends who use drugs and alcohol.

NIDA; Tarter as cited in Riggs

# TEENS AT RISK

- Teenagers at risk for developing serious alcohol and drug problems include those:
  - with a family history of substance abuse.
  - who are depressed or have a mental illness.
  - who have low self-esteem.
  - who feel like they don't fit in.



# A DOWNWARD SPIRAL

Vulnerable teens often have trouble adjusting to school, leading to:

- Increased risk for school failure
- Demoralization and lack of self-worth
- Escalating behavior problems
- Placement in behavior- and learning-disabled classes, increasing association with similarly vulnerable peers
- Early onset of substance abuse

Riggs

# ADOLESCENT STRESSORS

- ☐ School frustrations
- ☐ Taking on too many activities or having too high expectations
- Low self-esteem
- ☐ Peer problems
- ☐ Unsafe living environment/neighborhood
- ☐ Separation or divorce of parents
- ☐ Chronic illness or death in the family
- ☐ Moving or changing schools
- ☐☐ Family financial problems

# STRESS RESPONSE

A child can do OK in times of low stress.

- When a stress response is triggered, the child goes into default mode.
  - Survival mechanisms take over.
  - We call this regression or decompensation.
  - A child may withdraw, become aggressive, or develop poor coping skills, such as drug/alcohol use.

# ACTING OUT

Is actually seeking a response from adults...

- Teens may use hostile, self-destructive and infuriating behaviors.
- These kids can't regulate strong emotions, but they're attracted to them, so they activate distress in the adults around them.
- They love drama.
- Defiance is often about anxiety and fear.

# PUNISHMENT OR TREATMENT

## *Punitive consequences...*

- May teach nothing of value if there is no opportunity to learn an alternative.
- May reinforce negative messages about adults who have power.
- They often will not motivate a child and, if they do, it will be from a place of fear, not a desire to please.

# CAN'T OR WON'T?

- When logical thinking is absent, concrete and time-limited interventions are best.
- Consistent messages help.
- Life-skills services work better than consequences or removal of freedom.

# HOW THE CHILD SEES THE SYSTEM

- They don't give me a voice.
- People don't care—it's about money, not me.
- They talk tough but won't follow through.
- They don't really know what I need. They just want to run my life.
- I can manipulate and 'get out of this'.

# CO-MORBID BEHAVIORAL THERAPIES

- Brief Strategic Family Therapy (BSFT)
  - Targets family interactions thought to maintain adolescent drug abuse
- Cognitive-Behavioral Therapy (CBT)
  - Most effective psychotherapy for adolescents with anxiety/mood disorders
- Motivational Enhancement Therapy (MET)
  - Techniques to resolve adolescent ambivalence about treatment and strengthen motivation



# YOUTH PROGRAMS

Programs focus on giving youth a sense of:

1. Safety and structure;
2. Belonging and membership;
3. Self-worth and social contribution;
4. Independence and control over one's life;
5. Closeness in interpersonal relationships.

# TREATMENT GOALS

- **Enhance skills:**

- Self-efficacy      Problem-Solving      Mood regulation
- Coping              Decision-Making      Communication

- **In order to:**

- Anticipate and avoid high-risk situations
- Identify triggers for drug use
- Decrease association with drug-using peers
- Encourage involvement in pro-social activities

# EVIDENCE BASED PRACTICE: POSITIVE YOUTH JUSTICE MODEL

## Key assets needed by all youth:

1. Learning/Doing
2. Attaching/Belonging

## Each asset is developed in 6 life domains:

- |                  |               |
|------------------|---------------|
| 1. Work          | 4. Community  |
| 2. Education     | 5. Health     |
| 3. Relationships | 6. Creativity |

# WORK

- Work-related efforts:
  - Improve teen attitudes toward their communities
  - Enhance skills and future employment
  - Reduce recidivism
- Should not be used as punishment or as mere compensation.

# EDUCATION

School failure is a main precursor to delinquency.

- Poor performance is an isolated problem.
  - But it may have school/family/community aspects.
- Policies segregate punished students.
  - But this aggravates the stigma.
- Teachers view at-risk students as delinquent.
  - But this may become a self-fulfilling prophecy.

# COMMUNITY

- Weak bonds allow delinquency to happen.
- What shapes bonds between teens and society:
  - Attachments (Concern about what others think)
  - Commitments (Investment of time and energy)
  - Involvements (Sufficient time and energy spent)
  - Beliefs (Common value system)

# CURRENT PRACTICE

- Strategies focus on isolation of offenders.
  - But delinquency stems from lack of integration.
- Programs assume responsibility for teens' activities and behaviors.
  - But the goal is to make teens more accountable.
- Probation strategies target only the offender.
  - But delinquency is also found in communities, families, and schools.

# INTEGRATED TREATMENTS

***Effective programs are comprised of:***

- Empathic, supportive, motivational techniques
- Behavioral/cognitive-behavioral approaches
- Individual and/or group therapy
- The importance of family involvement
- Relapse prevention/continuing care



# BARRIERS TO INTEGRATED TREATMENT

- Shortage of adolescent psychiatrists with training in addictions
- Poor third-party payer coverage for integrated psychiatric services
- Separation of provider networks for psychiatric and substance abuse treatment

# FAMILY SYSTEMS INTERVENTIONS

Dysfunctional family dynamics contribute to adolescent drug abuse and related problems.

- Structural Strategic Family Therapy
- Parent Management Training (PMT)
- Multisystemic Therapy (MST)
- Multidimensional Family Therapy (MDFT)

# INVOLVING THE FAMILY

Strategies to improve overall family functioning:

- Restructuring interventions to correct flawed relationship and behavior patterns
- Parental monitoring
- Behavior management skills
- Improve teen's behavior and reduce drug abuse

# CHALLENGES FOR PARENTS

- We assume they are logical.
- We assume they care about the same things we do.
- We assume they can learn from their mistakes.
- We assume they have hopes and dreams for a better future.
- We assume they don't succeed because they simply don't care.

# ASPECTS OF RESILIENCY: THE PARENT

- They have support, or would use services if offered.
- They have attended to mental health issues.
- They are willing to address issues of chemical dependency and violence.
- They can empathize with their child.
- They accept responsibility.

# MEDICATION

- If medication is being considered, treatment includes initiation and monitoring.
- Abstinence isn't necessarily a precursor to medication, as untreated mental illness may have negative affects:
  - Stall treatment engagement
  - Cause early dropout
  - Interfere with achievement of abstinence.

# RELAPSE

- Severe substance abuse and chemical dependence in adolescence may be a chronic relapsing disorder.
- Emphasize that relapse is common and does not represent personal failure nor treatment failure.
- Parents should ask what services are available for continued/future treatment.

# RELAPSE PREVENTION

- Prevention strategies
- Continued monitoring of drug use
- Regular follow-ups for psychiatric disorders and addiction.
- Development of specific plans to manage relapse



# ASPECTS OF RESILIENCY: THE CHILD

- Prenatal experience
- Genetic makeup
- Attachment relationships
- Cognitive functioning
- Physical features
- Community resources

# CULTURAL DIFFERENCES

- Language barriers
- Gender roles and expectations
- Religious and spiritual beliefs
- Parent/child roles and expectations
- Community standards for behavior and social norms

# MAKING A CONNECTION

- **I believe** you can do it better.
- **You have the power** to do it better.
- **We all want to help** you do it better.
- I know **you want it** to be better.
- Do you know what it is **you need**?
- How can **we help** you?
- Lots of kids **turn it around**—you can, too.

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